

WEST Search History

Updated
10/20/03

DATE: Monday, October 20, 2003

<u>Set Name</u>	<u>Query</u>	<u>Hit Count</u>	<u>Set Name</u>
side by side			result set
	<i>DB=USPT; PLUR=YES; OP=AND</i>		
L1	menometrorrahgia	0	L1

END OF SEARCH HISTORY

*Updated
10/03
rev*

File 144:Pascal 1973-2003/Oct W2
 (c) 2003 INIST/CNRS
 File 149:TGG Health&Wellness DB(SM) 1976-2003/Sep W4
 (c) 2003 The Gale Group
 File 155:MEDLINE(R) 1966-2003/Oct W2
 (c) format only 2003 The Dialog Corp.
 *File 155: Medline has been reloaded and accession numbers have changed. Please see HELP NEWS 155.
 File 156:ToxFile 1965-2003/Oct W2
 (c) format only 2003 The Dialog Corporation
 *File 156: ToxFile has been reloaded. Accession numbers have changed. Please see HELP NEWS 156 for details.
 File 159:Cancerlit 1975-2002/Oct
 (c) format only 2002 Dialog Corporation
 *File 159: Cancerlit ceases updating with immediate effect. Please see HELP NEWS.
 File 162:Global Health 1983-2003/Sep
 (c) 2003 CAB International
 *File 162: Effective May 1, name changes from CAB Health to Global Health.
 File 164:Allied & Complementary Medicine 1984-2003/Oct
 (c) 2003 BLHCIS
 File 172:EMBASE Alert 2003/Oct W3
 (c) 2003 Elsevier Science B.V.
 File 266:FEDRIP 2003/Sep
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 File 369:New Scientist 1994-2003/Oct W2
 (c) 2003 Reed Business Information Ltd.
 File 370:Science 1996-1999/Jul W3
 (c) 1999 AAAS
 *File 370: This file is closed (no updates). Use File 47 for more current information.
 File 399:CA SEARCH(R) 1967-2003/UD=13917
 (c) 2003 American Chemical Society
 *File 399: Use is subject to the terms of your user/customer agreement. Alert feature enhanced for multiple files, etc. See HELP ALERT.
 File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
 (c) 1998 Inst for Sci Info
 File 444:New England Journal of Med. 1985-2003/Oct W3
 (c) 2003 Mass. Med. Soc.
 File 467:ExtraMED(tm) 2000/Dec
 (c) 2001 Informania Ltd.
 *File 467: For information about updating status please see Help News467.

Set Items Description
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Cost is in DialUnits
 ?ds

Set	Items	Description
S1	352	MENOMETRORRH? AND (EBAF OR TGFB? OR ENDOMETR?)
S2	122	S1/1998:2003
S3	230	S1 NOT S2
S4	134	RD (unique items)
S5	50	TARGET - S4
?t s5/9/8-10 18 27 28		

5/9/8 (Item 8 from file: 155)
 DIALOG(R)File 155:MEDLINE(R)
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10306495 96108547 PMID: 8524538
Hysteroscopy and adenocarcinoma.
 Mencaglia L
 Department of Obstetrics and Gynecology, University of Rome, Italy.
 Obstetrics and gynecology clinics of North America (UNITED STATES) Sep
 1995, 22 (3) p573-9, ISSN 0889-8545 Journal Code: 8709551
 Document type: Journal Article; Review; Review, Tutorial
 Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Although the diagnostic accuracy of hysteroscopy is high, it should be considered a diagnostic technique and used together with **endometrial** biopsy. Hysteroscopy is useful for excluding those patients with abnormal uterine bleeding who show no signs of intrauterine pathology. The number of cases in which hysteroscopy is sufficient for reaching a diagnosis without the help of a subsequent biopsy will depend directly on the experience of the endoscopist. After a fair amount of practice, it is possible to use hysteroscopy for the identification of patients with either benign or malignant **endometrial** lesions with about 20% false positives and no false negatives. The combined use of hysteroscopy and biopsy leads to near 100% accuracy in the diagnosis of **endometrial** neoplasia and its precursors. The combination of hysteroscopy and **endometrial** biopsy is ideal for use in symptomatic patients for the early detection of **endometrial** neoplasia, its precursors, and benign lesions that cause abnormal bleeding. With benign and malignant **endometrial** lesions, the first symptom is generally bleeding. Zampi and coworkers analyzed the hysteroscopic finding and **menometrorrhagia** in 1295 women. While cystic hyperplasia and **endometrial** neoplasia gave rise to bleeding in many patients, many other lesions also caused the same symptom. Hysteroscopy represents the ideal technique for the examination of women over the age of 45 who complain of abnormal uterine bleeding. In association with **endometrial** biopsy, it can detect **endometrial** adenocarcinoma in its early stages and select those patients who have precursor lesions. (30 Refs.)

Tags: Female; Human

Descriptors: *Adenocarcinoma--diagnosis--DI; *Endometrial Neoplasms--diagnosis--DI; *Hysteroscopy; Adenocarcinoma--pathology--PA; Biopsy; Endometrial Neoplasms--pathology--PA; Hyperplasia; Menorrhagia--diagnosis--DI; Menorrhagia--pathology--PA; Metrorrhagia--diagnosis--DI; Metrorrhagia--pathology--PA; Middle Age; Precancerous Conditions--diagnosis--DI; Precancerous Conditions--pathology--PA; Sensitivity and Specificity; Uterine Hemorrhage--diagnosis--DI

Record Date Created: 19960124

Record Date Completed: 19960124

5/9/9 (Item 9 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10355473 96158255 PMID: 8559438

[Use of a GnRH analogue in the treatment of certain forms of **endometrial** hyperplasia associated with **menometrorrhagia**]

Impiego di un analogo del GnRH nel trattamento di alcune forme di patologia iperplastica **endometriale** associate a **menometrorragia**.

Bonferraro G; Sanna B; De Marco A; Chieffi O; Bonferraro P P; Orlando V
Universita di Firenze.

Minerva ginecologica (ITALY) Oct 1995, 47 (10) p467-70, ISSN 0026-4784 Journal Code: 0400731

Document type: Journal Article ; English Abstract

Languages: ITALIAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Hyperestrogenism is a powerful factor inducing the development of **endometrial** hyperplasia that in its turn may represent the first step in the natural history of **endometrial** carcinoma. During menopause it is possible to have a condition to relative hyperestrogenism induced by a residual hormonal activity and by aromatisation of androgens in the adipose tissue. Therapeutical approach in this pathology aims to control hyperplastic development of the **endometrial** mucosa and to exclude **menometrorrhagia**. This study has been performed according to an open uncontrolled design in 14 women (4 menopausal women) with abnormal uterine bleeding and hysteroscopic **endometrial** cystic or adenomatous hyperplasia. At the beginning and at the end of treatment all patients underwent routine biohumoral blood-tests, hysteroscopy and diagnostic curettage. The GnRH analogue (tryptorelin) 3.75 mg 1 ampoule i.m. every 28 days was

administered during a 6-month treatment cycle. At the end of therapy bleeding had disappeared in all menopausal women; in the premenopausal group 8 patients have shown a normal menstrual cycle while 2 are still amenorrhoic. The final hysteroscopic evaluation displayed atrophic **endometrium** in 9 patients and simple proliferative **endometrium** in 5 cases. Safety was excellent: 3 cases of slight increase of systolic blood pressure and 1 case of slight increase of weight took place. Our results demonstrate therapeutic efficacy of GnRH analogues in the treatment of **endometrial hyperplasia** with **menometrorrhagia** either in premenopausal or menopausal women.

Tags: Female; Human

Descriptors: *Endometrial Hyperplasia--drug therapy--DT; *Gonadorelin --analogs and derivatives--AA; *Triptorelin--therapeutic use--TU; Aged; Dose-Response Relationship, Drug; Endometrial Hyperplasia--complications --CO; Gonadorelin--administration and dosage--AD; Gonadorelin--therapeutic use--TU; Menopause; Menorrhagia--etiology--ET; Menorrhagia--prevention and control--PC; Metrorrhagia--etiology--ET; Metrorrhagia --prevention and control--PC; Middle Age; Premenopause; Triptorelin --administration and dosage--AD

CAS Registry No.: 33515-09-2 (Gonadorelin); 57773-63-4 (Triptorelin)

Record Date Created: 19960226

Record Date Completed: 19960226

5/9/10 (Item 10 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10317883 96120100 PMID: 8533621

[Primary malignant neoplasms of the female genitalia]

Neoplasias malignas primitivas do aparelho genital feminino.

Saraiva J; Cunha F; Passos M J; Dos Reis I S; Francisca A; Pereira A; Cabral I; Retto H

Servico de Ginecologia, Hospital Garcia de Orta., Almada.

Acta medica portuguesa (PORTUGAL) Oct 1995, 8 (10) p585-8, ISSN 0870-399X Journal Code: 7906803

Document type: Journal Article; Review; Review of Reported Cases ; English Abstract

Languages: PORTUGUESE

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

A patient with synchronous multiple malignant neoplasms of the female genital tract, involving the ovary, the cervix and the **endometrium** is described. A 49-year-old patient, presenting pelvic pain and **menometrorrhagia** over the last six months. An abdominal and speculum examination revealed an abnormal mass occupying the entire left lower quadrant and a vegetating tumor of the cervix, respectively. Microscopic examination of the uterus and ovary revealed a cystadenocarcinoma of the ovary and an adenosquamous carcinoma of the cervix and an **endometrioid** carcinoma of the **endometrium**. The data suggests this is a multiple mullerian tumor. Due to treatment and prognostic implications, in the presence of a patient with a tumor involving different organs, we must not overlook differential diagnosis between primary and metastatic tumor. (11 Refs.)

Tags: Case Report; Female; Human

Descriptors: Carcinoma, Adenosquamous--diagnosis--DI; *Carcinoma, **Endometrioid** --diagnosis--DI; *Cervix Neoplasms--diagnosis--DI; *Cystadenocarcinoma, Mucinous--diagnosis--DI; * **Endometrial** Neoplasms --diagnosis--DI; *Neoplasms, Multiple Primary--diagnosis--DI; *Ovarian Neoplasms--diagnosis--DI; Carcinoma, Adenosquamous--pathology--PA; Carcinoma, Adenosquamous--surgery--SU; Carcinoma, **Endometrioid** --pathology--PA; Carcinoma, **Endometrioid** --surgery--SU; Cervix Neoplasms --pathology--PA; Cervix Neoplasms--surgery--SU; Combined Modality Therapy; Cystadenocarcinoma, Mucinous--pathology--PA; Cystadenocarcinoma, Mucinous --surgery--SU; **Endometrial** Neoplasms--pathology--PA; **Endometrial** Neoplasms--surgery--SU; Middle Age; Neoplasms, Multiple Primary--pathology --PA; Neoplasms, Multiple Primary--surgery--SU; Ovarian Neoplasms --pathology--PA; Ovarian Neoplasms--surgery--SU; Remission Induction

Record Date Created: 19960201
Record Date Completed: 19960201

5/9/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09326517 BIOSIS NO.: 199497334887

Use of transvaginal ultrasound in diagnosing the etiology of
menometrorrhagia .

AUTHOR: Dodson Melvin G

AUTHOR ADDRESS: 673 South Atlantic Ave., Cocoa Beach, FL 32931**USA

JOURNAL: Journal of Reproductive Medicine 39 (5):p362-372 1994

ISSN: 0024-7758

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Forty-five women with a chief complaint of abnormal vaginal bleeding from a few days' duration (spotting) to three to six months of bleeding (average, 4.5 months) were evaluated using a standard clinical approach followed by transvaginal ultrasound (US). Serum estradiol (E-2), progesterone and/or **endometrial** biopsy was used to further clarify the etiology of the bleeding and confirm the clinical or ultrasound diagnosis. Anatomic findings were present in 31% of patients by US examination as compared to only 9% by clinical evaluation. An additional 9% of patients had polycystic ovary disease. Of the 16% of study patients on oral contraceptives with a clinical diagnosis of breakthrough bleeding, 33% had anatomic findings associated with the bleeding on US. The ultrasound image of the **endometrium** predicted the **endometrial** biopsy findings in all three patients with postmenopausal bleeding. In the remaining patients with a diagnosis of dysfunctional uterine bleeding (DUB) (a diagnosis usually made clinically by excluding other etiologies), US was helpful in excluding many patients with anatomic findings not detected by physical examination and in evaluating the **endometrium**, helping differentiate anovulatory from ovulatory DUB. US was helpful in predicting the hormonal and histologic **endometrial** status of the patients. Patients with more severe and prolonged DUB had low serum E-2 with US findings of a single-line **endometrium** (consistent with low serum E-2 and anovulation). US can be a valuable aid in evaluating women presenting with a complaint of abnormal vaginal bleeding by demonstrating anatomic findings frequently not discernible on pelvic examination, such as small cysts and leiomyomas and even **endometrial** carcinoma, and in evaluating the **endometrium** in terms of its thickness and, indirectly, the **endometrial** histology and the ovulatory and hormonal status of the patient. US can also be of value in confirming some diagnoses that are generally made clinically by exclusion, such as breakthrough bleeding from oral contraceptive use and DUB.

DESCRIPTORS:

MAJOR CONCEPTS: Morphology; Pathology; Radiology (Medical Sciences);
Reproductive System (Reproduction)

BIOSYSTEMATIC NAMES: Hominidae--Primates, Mammalia, Vertebrata, Chordata,
Animalia

ORGANISMS: human (Hominidae)

BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA): animals; chordates; humans;
mammals; primates; vertebrates

MISCELLANEOUS TERMS: DIAGNOSTIC METHOD

CONCEPT CODES:

06504 Radiation-Radiation and Isotope Techniques
11106 Anatomy and Histology, General and Comparative-Radiologic Anatomy
12504 Pathology, General and Miscellaneous-Diagnostic
16506 Reproductive System-Pathology
10504 Biophysics-General Biophysical Techniques
16501 Reproductive System-General; Methods

BIOSYSTEMATIC CODES:

86215 Hominidae

5/9/27 (Item 27 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10474647 96284062 PMID: 8737517

[Diagnostic value of combined vaginal ultrasound and hysteroscopy in peri- and postmenopausal bleeding]

Aussagekraft der kombinierten Anwendung von Vaginalsonographie und Hysteroskopie bei peri-und postmenopausalen Blutungen.

Gucer F; Arikan M G; Petru E; Mitterdorfer B; Lahousen M; Lax S

Geburtshilflich-Gynakologische Universitätsklinik Graz.

Gynakologisch-geburtshilfliche Rundschau (SWITZERLAND) 1996, 36 (1) p9-13, ISSN 1018-8843 Journal Code: 9212667

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

OBJECTIVE: Is it possible to reduce the rate of curettages by using ultrasound and hysteroscopy? METHODS: Transvaginal sonography, hysteroscopy, and dilation and curettage were performed in 103 patients with **menometrorrhagia** or postmenopausal bleeding. The patients were divided into three groups, depending on the ultrasound findings. RESULTS: All 9 cases with cancer of the **endometrium** were found in group 3. 1 of the 9 carcinomas was not detected by hysteroscopy. CONCLUSIONS: We believe that dilation and curettage is necessary in symptomatic women with an **endometrial** thickness < 4 as well as > 4 mm. Prospective studies have to clear the question of whether **endometrial** carcinomas can be detected by hysteroscopy in cases with an **endometrium** < 4 mm thick.

Tags: Female; Human

Descriptors: **Endometrial** Neoplasms--ultrasonography--US; *Hysteroscopy; *Menorrhagia--etiology--ET; *Ultrasonography; *Uterine Hemorrhage--etiology--ET; Diagnosis, Differential; Dilatation and Curettage; **Endometrial** Neoplasms--pathology--PA; **Endometrium** --pathology--PA; Menorrhagia--pathology--PA; Menorrhagia--ultrasonography--US; Middle Age; Postmenopause; Uterine Hemorrhage--pathology--PA; Uterine Hemorrhage--ultrasonography--US

Record Date Created: 19960917

Record Date Completed: 19960917

5/9/28 (Item 28 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07091342 91332375 PMID: 1869781

Course of metrorrhagia after biopsy curettage of the endometrium in women in reproductive age]

Devenir des metrorragies apres curetage biopsique de l' **endometre** chez la femme en periode d'activite genitale.

von Theobald P; Aveline D; Levy G

Clinique de Gynecologie-Obstetrique, CHU de Caen.

Journal de gynecologie, obstetrique et biologie de la reproduction (FRANCE) 1991, 20 (3) p367-72, ISSN 0368-2315 Journal Code: 0322206

Document type: Journal Article ; English Abstract

Languages: FRENCH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Authors working in the department of gynaecology and obstetrics in the university hospital of Caen with non-pregnant, non-menopausal women who were followed-up for at least 2 years after curettage have been able to carry out a retrospective study of 102 curettage and biopsies carried out either for diagnosis or to lessen bleeding in cases of metrorrhagia, menorrhagia or **menometrorrhagia**. Histology of the **endometrium** showed 40 cases of hyperplasia, 17 cases of polyps in the cavity of the uterus, 19 cases of atrophy, 6 cases of **endometritis**, 3 cases of atypical hyperplasia and 17 cases of normal **endometrium**. Hysterectomy was carried

out" in 22 cases because of recurrence of metrorrhagia. Anatomopathological examination of the operation specimens had shown iatrogenic atrophy of the mucosa in 13 cases (59%). The authors believe that this hypoplasia can be responsible for some recurrences and suggest that the state of the **endometrium** should be reassessed when metrorrhagia reappears in spite of well controlled treatment with progestagens. In the case of atrophy a cycle of oestrogens and progestagens should be started as it should be immediately after the curettage. The authors hope in this way to lessen the number of hysterectomies that have to be carried out because of failure of medical treatment.

Tags: Female; Human

Descriptors: *Curettage--methods--MT; *Metrorrhagia--surgery--SU;
*Uterine Diseases--therapy--TH; Adult; Biopsy; **Endometrium** --pathology--PA
; Hysterectomy; Middle Age; Retrospective Studies; Uterine Diseases
--pathology--PA

Record Date Created: 19910916

Record Date Completed: 19910916

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